



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

D4093-5

Job Sheet 181094



Part No: D4093-5

Job Qty: 10 ea

Part Name: Bracket



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 7/20/18

Job Tracking No:

Due Date: 8/7/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG REV D SHEET 5 IPP REV:A NEW ISSUE 10-10-01 JLM VERIFIED BY:DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off   |
|-------|--------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|------------|
|       |                    |        |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |            |
| 90    | Start up Operation | 10 Ea  |            | 8/7/18   | 0.00      | 0.00    | Start Up Waterjet     |           | SC 8/10/18 |
| 100   | Waterjet           | 10 pcs |            | 8/7/18   | 0.00      | 0.53    | Waterjet1             |           | SC 8/10/18 |
| 110   | QC                 | 10 pcs |            | 8/7/18   | 0.00      | 0.00    | QC2 Waterjet-3        |           | SC 8/10/18 |
| 120   | QC                 | 10 pcs |            | 8/7/18   | 0.00      | 0.00    | QC8-4                 |           | 38         |
| 130   | Small Fab          | 10 pcs |            | 8/7/18   | 0.00      | 0.16    | Small Fab-5           |           | 9-89 DAS   |
| 140   | QC                 | 10 pcs |            | 8/7/18   | 0.00      | 0.00    | QC5                   |           | 38         |
| 150   | HandFinish         | 10 pcs |            | 8/7/18   | 0.00      | 0.32    | HandFinish1           |           | SA 8/10/18 |
| 160   | QC                 | 10 pcs |            | 8/7/18   | 0.00      | 0.00    | QC7-3                 |           | 38         |
| 180   | Packaging          | 10 pcs |            | 8/7/18   | 0.00      | 0.00    | Packaging3-2          |           | 38         |
| 190   | QC21-SA            | 10 Ea  |            | 8/7/18   | 0.00      | 0.00    | QC21                  |           | 38         |

### Job BOM

| Part / Item  | Component Name     | Quantity           | Operation             | Container |
|--------------|--------------------|--------------------|-----------------------|-----------|
| M6061T6S.188 | 6061-T6 .188 Sheet | .2500 sf (.025 ea) | 90-Start up Operation |           |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | M6061T6S.188   | 0        | 32        | 0         |

### Part Specifications

| Spec No | Description | Target/Tolerance               | Limits         | Type  | Special Comments |
|---------|-------------|--------------------------------|----------------|-------|------------------|
| 1       | Bracket     | 0.201Inches + 0.005<br>- 0.001 | 0.206<br>0.200 | 0,201 |                  |
| 2       | Bracket     | 0.380Inches ± 0.030            | 0.410<br>0.350 | 0,388 |                  |
| 3       | Bracket     | 0.750Inches ± 0.030            | 0.780<br>0.720 | 0,757 |                  |
| 4       | Bracket     | 4.640Inches ± 0.030            | 4.670<br>4.610 | 4,642 |                  |
| 5       | Bracket     | 3.889Inches ± 0.010            | 3.899<br>3.879 | 3,885 |                  |
| 6       | Bracket     | 0.188Inches ± 0.010            | 0.198<br>0.178 | 0,188 |                  |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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|-------------------|--------------------------|----------|--------------------------|-----------------|--------------------------|-------|--------------------------|------------|--------------------------|--------------------|--------------------------|------------------|--------------------------|----------|--------------------------|---------|--------------------------|------------------|--------------------------|---------|--------------------------|------------|--------------------------|--------|--------------------------|-----|--------------------------|---------------------|--------------------------|--------------------|--------------------------|---------|--------------------------|------------|--------------------------|---------------------|--------------------------|---------------|--------------------------|------------------|--------------------------|------------------|--------------------------|-----------------------|--------------------------|---------------|--|--|--|---------------|--------------------------|----------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                          |                                                                                                                                                                                                                                                                                 |                          |                      |                          |                  |                          |        |                          |          |                          |      |                          |                    |                          |          |                          |              |                          |      |                          |                      |                          |               |                          |          |                          |       |                          |                |                          |              |                          |          |                          |                        |                          |                   |                          |          |                          |                 |                          |       |                          |            |                          |                    |                          |                  |                          |          |                          |         |                          |                  |                          |         |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |         |                          |            |                          |                     |                          |               |                          |                  |                          |                  |                          |                       |                          |               |  |  |  |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                                  | LOTV Effective : _____<br><br><b>Description Work Order D</b><br><br><div style="height: 200px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | <div style="text-align: right;"> <b>MRB (QSI042) Approval</b><br/><br/>           Completed By _____<br/><br/>           Lead hand / Supervisor<br/>           Approval Verification _____<br/><br/>           QC / QA Coordinator<br/>           Approval _____         </div> |                          |                      |                          |                  |                          |        |                          |          |                          |      |                          |                    |                          |          |                          |              |                          |      |                          |                      |                          |               |                          |          |                          |       |                          |                |                          |              |                          |          |                          |                        |                          |                   |                          |          |                          |                 |                          |       |                          |            |                          |                    |                          |                  |                          |          |                          |         |                          |                  |                          |         |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |         |                          |            |                          |                     |                          |               |                          |                  |                          |                  |                          |                       |                          |               |  |  |  |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| <b>Root Cause</b><br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Environment</td><td style="width:5%;"><input type="checkbox"/></td> <td style="width:15%;">No Re-verification</td><td style="width:5%;"><input type="checkbox"/></td> <td style="width:15%;">Pres</td><td style="width:5%;"><input type="checkbox"/></td> <td style="width:15%;">Positioned Wrong</td><td style="width:5%;"><input type="checkbox"/></td> </tr> <tr> <td>Design</td><td><input type="checkbox"/></td> <td>Operator</td><td><input type="checkbox"/></td> <td>Bend</td><td><input type="checkbox"/></td> <td>Outside Dimensions</td><td><input type="checkbox"/></td> </tr> <tr> <td>Doc/Data</td><td><input type="checkbox"/></td> <td>Offset/Setup</td><td><input type="checkbox"/></td> <td>Cent</td><td><input type="checkbox"/></td> <td>Over/Under tolerance</td><td><input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling</td><td><input type="checkbox"/></td> <td>Supplier</td><td><input type="checkbox"/></td> <td>Crack</td><td><input type="checkbox"/></td> <td>Part Incorrect</td><td><input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre</td><td><input type="checkbox"/></td> <td>Training</td><td><input type="checkbox"/></td> <td>Crimp/Kink/Ripple/Wave</td><td><input type="checkbox"/></td> <td>Part Lost/Missing</td><td><input type="checkbox"/></td> </tr> <tr> <td>Material</td><td><input type="checkbox"/></td> <td>Use for Testing</td><td><input type="checkbox"/></td> <td>Cuffs</td><td><input type="checkbox"/></td> <td>Part Moved</td><td><input type="checkbox"/></td> </tr> <tr> <td>Internal Transport</td><td><input type="checkbox"/></td> <td>Poor Information</td><td><input type="checkbox"/></td> <td>Crushing</td><td><input type="checkbox"/></td> <td>Drawing</td><td><input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge</td><td><input type="checkbox"/></td> <td>Rushing</td><td><input type="checkbox"/></td> <td>Heat Treat</td><td><input type="checkbox"/></td> <td>Finish</td><td><input type="checkbox"/></td> </tr> <tr> <td>LOA</td><td><input type="checkbox"/></td> <td>Product Improvement</td><td><input type="checkbox"/></td> <td>Wave/Twist in Tube</td><td><input type="checkbox"/></td> <td>Misread</td><td><input type="checkbox"/></td> </tr> <tr> <td>Substation</td><td><input type="checkbox"/></td> <td>Process Improvement</td><td><input type="checkbox"/></td> <td>Marks/Chatter</td><td><input type="checkbox"/></td> <td>Turning Sequence</td><td><input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date</td><td><input type="checkbox"/></td> <td>Manufacturing Process</td><td><input type="checkbox"/></td> <td colspan="4" rowspan="2" style="vertical-align: top;">           OTHER : _____         </td> </tr> <tr> <td>Misidentified</td><td><input type="checkbox"/></td> <td>Past Due</td><td><input type="checkbox"/></td> </tr> </table> |                                                                                                                                                                                    | Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | No Re-verification                                                                                                                                                                                                                                                              | <input type="checkbox"/> | Pres                 | <input type="checkbox"/> | Positioned Wrong | <input type="checkbox"/> | Design | <input type="checkbox"/> | Operator | <input type="checkbox"/> | Bend | <input type="checkbox"/> | Outside Dimensions | <input type="checkbox"/> | Doc/Data | <input type="checkbox"/> | Offset/Setup | <input type="checkbox"/> | Cent | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> | Equip/Tooling | <input type="checkbox"/> | Supplier | <input type="checkbox"/> | Crack | <input type="checkbox"/> | Part Incorrect | <input type="checkbox"/> | Handling/Pre | <input type="checkbox"/> | Training | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Part Lost/Missing | <input type="checkbox"/> | Material | <input type="checkbox"/> | Use for Testing | <input type="checkbox"/> | Cuffs | <input type="checkbox"/> | Part Moved | <input type="checkbox"/> | Internal Transport | <input type="checkbox"/> | Poor Information | <input type="checkbox"/> | Crushing | <input type="checkbox"/> | Drawing | <input type="checkbox"/> | Tribal Knowledge | <input type="checkbox"/> | Rushing | <input type="checkbox"/> | Heat Treat | <input type="checkbox"/> | Finish | <input type="checkbox"/> | LOA | <input type="checkbox"/> | Product Improvement | <input type="checkbox"/> | Wave/Twist in Tube | <input type="checkbox"/> | Misread | <input type="checkbox"/> | Substation | <input type="checkbox"/> | Process Improvement | <input type="checkbox"/> | Marks/Chatter | <input type="checkbox"/> | Turning Sequence | <input type="checkbox"/> | Past Expiry Date | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | OTHER : _____ |  |  |  | Misidentified | <input type="checkbox"/> | Past Due | <input type="checkbox"/> | <div style="text-align: center;"> <b>DART AEROSPACE</b><br/> <br/> <b>Container No: S095322</b><br/> <b>Part: D4093-5</b><br/> <b>Job No: 181094</b><br/> <b>Serial No/Batch: S095322</b><br/> <b>Revision:</b> _____<br/> <b>Inspector:</b> _____<br/> <b>Exp Date:</b> _____<br/> <b>Instructions:</b> _____<br/> <b>Date: 07/23/18</b> </div> <div style="font-size: small; text-align: right; margin-top: 10px;">       Dart Aerospace Ltd.<br/>       1270 Aberdeen Street<br/>       Hawkesbury, ON K6A 1K7<br/>       CANADA<br/>       TEL : 1 813 632 - 5200<br/>       Email: sales@dartaero.com<br/>       www.dartaerospace.com     </div> |  |  |  |
| Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                                  | No Re-verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | Pres                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | Positioned Wrong     | <input type="checkbox"/> |                  |                          |        |                          |          |                          |      |                          |                    |                          |          |                          |              |                          |      |                          |                      |                          |               |                          |          |                          |       |                          |                |                          |              |                          |          |                          |                        |                          |    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| Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                  | Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | Bend                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | Outside Dimensions   | <input type="checkbox"/> |                  |                          |        |                          |          |                          |      |                          |                    |                          |          |                          |              |                          |      |                          |                      |                          |               |                          |          |                          |       |                          |                |                          |              |                          |          |                          |                        |                          |    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| Doc/Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                                  | Offset/Setup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | Cent                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> |                  |                          |        |                          |          |                          |      |                          |                    |                          |          |                          |              |                          |      |                          |                      |                          |               |                          |          |                          |       |                          |                |                          |              |                          |          |                          |                        |                          |    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| Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                                  | Supplier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | Crack                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | Part Incorrect       | <input type="checkbox"/> |                  |                          |        |                          |          |                          |      |                          |                    |                          |          |                          |              |                          |      |                          |                      |                          |               |                          |          |                          |       |                          |                |                          |              |                          |          |                          |                        |                          |    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| Handling/Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                                  | Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave                                                                                                                                                                                                                                                          | <input type="checkbox"/> | Part Lost/Missing    | <input type="checkbox"/> |                  |                          |        |                          |          |                          |      |                          |                    |                          |          |                          |              |                          |      |                          |                      |                          |               |                          |          |                          |       |                          |                |                          |              |                          |          |                          |                        |                    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| Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                                  | Use for Testing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | Cuffs                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | Part Moved           | <input type="checkbox"/> |                  |                          |        |                          |          |                          |      |                          |                    |                          |          |                          |              |                          |      |                          |                      |                          |               |                          |          |                          |       |                          |                |                          |              |                          |          |                          |                        |                          |    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| Internal Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                                  | Poor Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | Crushing                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | Drawing              | <input type="checkbox"/> |                  |                          |        |                          |          |                          |      |                          |                    |                          |          |                          |              |                          |      |                          |                      |                          |               |                          |          |                          |       |                          |                |                          |              |                          |          |                          |                        |                          |    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          |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| Tribal Knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                           | Rushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | Heat Treat                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | Finish               | <input type="checkbox"/> |                  |                          |        |                          |          |                          |      |                          |                    |                          |          |                          |              |                          |      |                          |                      |                          |               |                          |          |                          |       |                          |                |                          |              |                          |          |                          |                        |                          |    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          |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| LOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                           | Product Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | Wave/Twist in Tube                                                                                                                                                                                                                                                              | <input type="checkbox"/> | Misread              | <input type="checkbox"/> |                  |                          |        |                          |          |                          |      |                          |                    |                          |          |                          |              |                          |      |                          |                      |                          |               |                          |          |                          |       |                          |                |                          |              |                          |          |                          |                        |                          |    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          |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| Substation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                           | Process Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | Marks/Chatter                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | Turning Sequence     | <input type="checkbox"/> |                  |                          |        |                          |          |                          |      |                          |                    |                          |          |                          |              |                          |      |                          |                      |                          |               |                          |          |                          |       |                          |                |                          |              |                          |          |                          |                        |                    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|  |  |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| Past Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                           | Manufacturing Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | OTHER : _____                                                                                                                                                                                                                                                                   |                          |                      |                          |                  |                          |        |                          |          |                          |      |                          |                    |                          |          |                          |              |                          |      |                          |                      |                          |               |                          |          |                          |       |                          |                |                          |              |                          |          |                          |                        |                          |                   |                          |          |                          |                 |                          |       |                          |            |                          |                    |                          |                  |                          |          |                          |         |                          |                  |                          |         |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |         |                          |            |                          |                     |                          |               |                          |                  |                          |                  |                          |                       |                          |               |  |  |  |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| Misidentified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                           | Past Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                 |                          |                      |                          |                  |                          |        |                          |          |                          |      |                          |                    |                          |          |                          |              |                          |      |                          |                      |                          |               |                          |          |                          |       |                          |                |                          |              |                          |          |                          |                        |                          |    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7

Bracket

0.080Inches + 0.005  
- 0.001

0.085  
0.079

0,080

Plex 7/20/18 9:47 AM Dart.lajeunesse.marie



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                                               |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                            |                                                |                                               |
| Date :                                                       | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | MRB (QSI042) Approval                          |                                               |
| Description Work Order Deviation                             |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            | Completed By                                   |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | Lead hand / Supervisor Approval Verification   |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | QC / QA Coordinator Approval                   |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                                               |
| Root Cause                                                   |                                                                                                                                                                                    | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                                |                                               |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>                                                                                                                                        | Pressure/Forced <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>                                                                                                                                                  | Bending <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>                                                                                                                                              | Centre Not Concentric <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>                                                                                                                                                  | Cracks <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>                                                                                                                                                  | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>                                                                                                                                           | Cuffs <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>                                                                                                                                          | Crushing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>                                                                                                                                                   | Heat Treat <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>                                                                                                                                       | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>                                                                                                                                       | Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/>                                                                                                                                     | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                |                                               |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                                               |